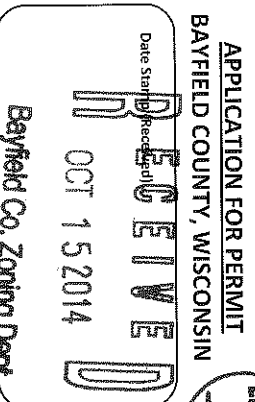


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.



Permit #:	15-0005
Date:	1-8-15
Amount Paid:	250.00
Refund:	10-15-14

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning/asp](http://www.bayfieldcounty.org/zoning/asp))

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER				
Owner's Name: Mike & Terry Murphy	Mailing Address: PO Box 175 WASHBURN, WI 54891	Telephone: 715 373 0122		
Address of Property: 79346 STATE HWY 13		City/State/Zip: WASHBURN, WI 54891	Cell Phone: 715 209 0954	
Contractor:		Contractor Phone:	Plumber:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:	Agent Mailing Address (Include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: 1/4, 1/4	Legal Description: (Use Tax Statement) Gov't Lot 3 Lot(s) 2 CSM 1733 Vol & Page 16/167	PIN: (23 digits) 008249041640500508200	Recorded Document: (i.e. Property Ownership) Volume 1058 Page(s) 344	Subdivision:
Section 16, Township 49 N, Range 04 W	Town of: BAYVIEW	Lot Size	Acreage 7.68 ACRES	
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland		Distance Structure is from Shoreline: <input type="checkbox"/> Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Distance Structure is from Shoreline: feet		
Property = 300 FT to LAKE SUPERIOR				
NOT MAPPED				

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 175	<input type="checkbox"/> New Construction <input type="checkbox"/> 1-Story <input type="checkbox"/> Seasonal <input type="checkbox"/> 1 <input type="checkbox"/> Municipal/City	<input type="checkbox"/> Addition/Alteration <input type="checkbox"/> 1-Story + Loft <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> 2 <input type="checkbox"/> (New) Sanitary Specify Type: <u>MOUND</u>	<input type="checkbox"/> Conversion <input type="checkbox"/> 2-Story <input type="checkbox"/> 3 <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>MOUND</u>	<input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Basement <input type="checkbox"/> 3 <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> Run a Business on Property <input type="checkbox"/> No Basement <input checked="" type="checkbox"/> None <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
<input checked="" type="checkbox"/> Special Use <input type="checkbox"/> H/A						

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Principal Structure (first structure on property)		( ) X ( )	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		( ) X ( )	
<input type="checkbox"/> with Loft		( ) X ( )	
<input type="checkbox"/> with a Porch		( ) X ( )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck		( ) X ( )	
<input type="checkbox"/> with a Deck		( ) X ( )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck		( ) X ( )	
<input type="checkbox"/> with Attached Garage		( ) X ( )	
<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		( ) X ( )	
<input type="checkbox"/> Mobile Home (manufactured date) _____		( ) X ( )	
<input type="checkbox"/> Addition/Alteration (specify) _____		( ) X ( )	
<input type="checkbox"/> Accessory Building (specify) _____		( ) X ( )	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____		( ) X ( )	
Rec'd for Issuance	Special Use: (explain) <u>USE ONLY</u>		
JAN 08 2015	Conditional Use: (explain) _____	( ) X ( )	
	Other: (explain) _____	( ) X ( )	

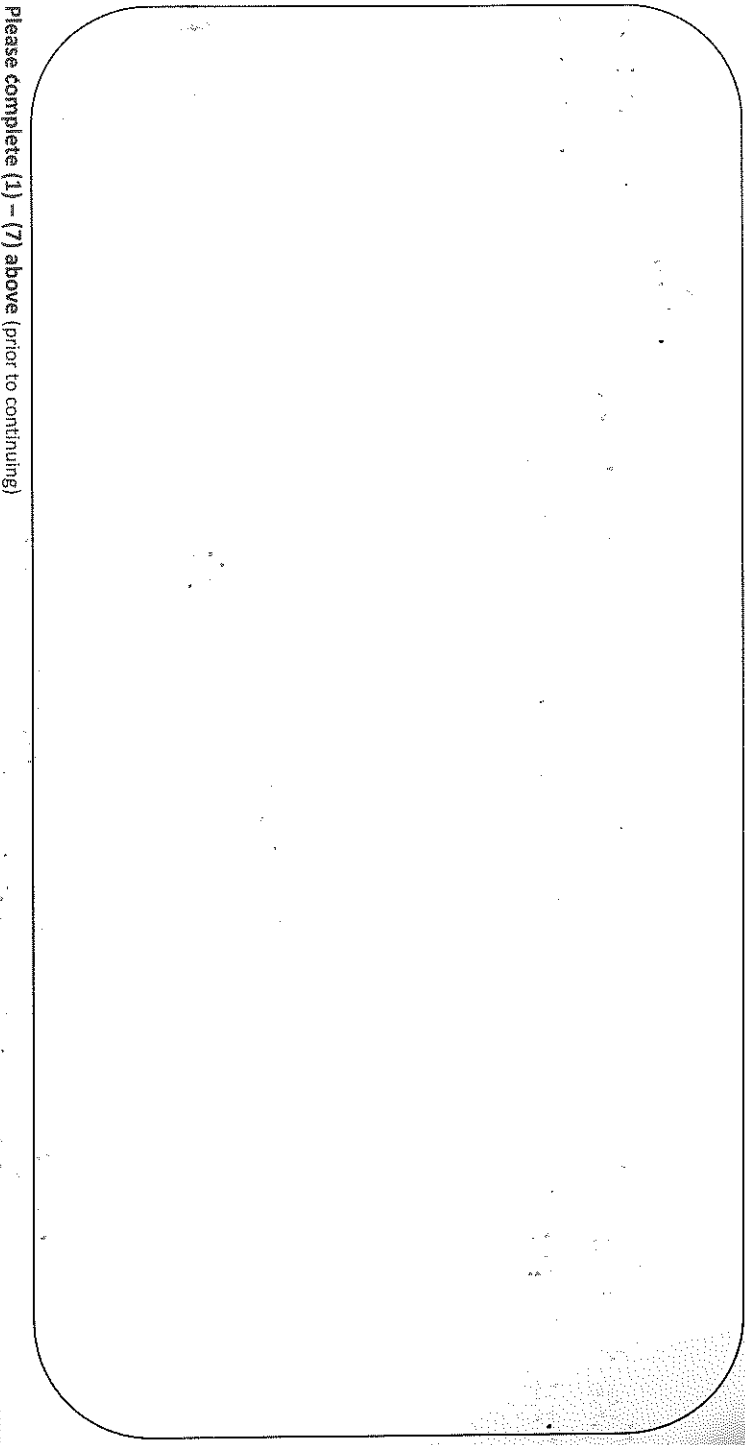
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Mike & Terry Murphy Date 10-14-14  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\* ) Driveway and (\* ) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\* ) Well (W); (\* ) Septic Tank (ST); (\* ) Drain Field (DF); (\* ) Holding Tank (HT) and/or (\* ) Privy (P)
- (6) Show any (\*): (\* ) Lake; (\* ) River; (\* ) Stream/Creek; or (\* ) Pond
- (7) Show any (\*): (\* ) Wetlands; or (\* ) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	Feet	Setback from Wetland	Feet
Setback from the South Lot Line	Feet	Setback from 20% Slope Area	Feet
Setback from the West Lot Line	Feet	Elevation of Floodplain	Feet
Setback from the East Lot Line	Feet		
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner or marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: <u>15-0005</u>	Permit Date: <u>1-8-15</u>					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		Case #:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Was Parcel Legally Created	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record:		Zoning District (RAB)				
Date of inspection:		Inspected by: <u>Robert Schissman</u>		Date of Re-Inspection:		
Condition(s) Town, Committee or Board Conditions Attached? Yes <input type="checkbox"/> No <input type="checkbox"/> (If No they need to be attached.)						
<u>Per Zoning Committee Decision as recorded in Volume 1136 page 941</u>						
<u>Bayfield County Register of Deeds.</u>						
Signature of Inspector: <u>[Signature]</u>		Date of Approval: <u>1/8/2015</u>				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			



